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## BIB DATA SHEET

CONFIRMATION NO. 4410

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/634,552	08/08/2000	455	2617	36601/CAG/B600
RULE				

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/160,806 10/21/1999  
 and claims benefit of 60/163,487 11/04/1999  
 and claims benefit of 60/163,398 11/04/1999  
 and claims benefit of 60/164,442 11/09/1999  
 and claims benefit of 60/164,194 11/09/1999  
 and claims benefit of 60/164,314 11/09/1999  
 and claims benefit of 60/165,234 11/11/1999  
 and claims benefit of 60/165,239 11/11/1999  
 and claims benefit of 60/165,356 11/12/1999  
 and claims benefit of 60/165,355 11/12/1999  
 and claims benefit of 60/172,348 12/16/1999  
 and claims benefit of 60/201,335 05/02/2000  
 and claims benefit of 60/201,157 05/02/2000  
 and claims benefit of 60/201,179 05/02/2000  
 and claims benefit of 60/202,997 05/10/2000  
 and claims benefit of 60/201,330 05/02/2000

(\*)Data provided by applicant is not consistent with PTO records.

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

09/21/2000

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	nly Initials	CA	48	163	6
Verified and Acknowledged	/NGHI H L Y/ Examiner's Signature					

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**TITLE**

Adaptive radio transceiver

**FILING FEE  
RECEIVED**  
3938

FEES: Authority has been given in Paper  
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No. \_\_\_\_\_ for following:

<input type="checkbox"/> All Fees
<input type="checkbox"/> 1.16 Fees (Filing)
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<input type="checkbox"/> 1.18 Fees (Issue)
<input type="checkbox"/> Other _____
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